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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

		of the Treasury Hue Service		on about Form	·=	instructions is	_	-	90.	Inspection
Ā	For the	2016 cale	ndar year, or tax year b		JUNE		, and end		AY 31	, 20 17
В		f applicable:	C Name of organization							ver identification number
		change	Doing business as						45	-4624782
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite									ne number
	Initial re	•	11274 5. 1	FORTUNA	ROAD		SULT	E B8	928	-247-9469
		ım/terminated	City or town, state or pro			n postal code			†—— -	
$\bar{\Box}$		ed return	YUMA A	Z 853	567				G Gross r	eceipts \$
	Applicat	tion pending	F Name and address of pri	ncipal officer:			YUMA A	# H(a) is this a	arous return for	subordinates? Yes No
	••		MARJORIE THOU	APSON 116	03 E. VIA			- I		s included? Yes No
1	Tax-exe	mpt status:		501(c) (10						a list, (see instructions)
J	Website	EA	GLES 4538.00					H(c) Grou	p exemption	number > 104503
K				Association	Other ▶	LY	ear of form			of legal domicile: AZ
Р	art I	Summ								
	1	Briefly de	scribe the organization	n's mission or	most signi	ficant activitie	s: " 7	EOPLE H	ELPIN(A PEOPLE"
8	1		COLLECT FOR							
В	1	Sch	LOOLS AND HOS	PITAL.					,	·
Activities & Governance	2	Check th	is box ▶ 🗌 if the orga	nization disco	ntinued its	operations or	disposed	of more tha	n 25% of	its net assets.
ģ	3	Number of	of voting members of	the governing	body (Part	VI, line 1a).			. 3	7
مع	4	Number of	of independent voting	members of the	he governin	g body (Part \	VI, line 1b	o)	. 4	.0
8	5	Total nun	nber of individuals em	ployed in cale	ndar year 2	016 (Part V, lii	ne 2a)		. 5	Ø
₹	6	Total nun	nber of volunteers (es	timate if neces	sary)				. 6	50
Ac	7a		elated business reven			(C), line 12			. 7a	8
	Ь		ated business taxable			• •			. 7b	0
			ear	Current Year						
•	8	Contribut	tions and grants (Part	,314	58,847					
Revenue	9	- · · · · · · · · · · · · · · · · · · ·								-0-
eve	10	Investme	nt income (Part VIII, c	olumn (A), line:	s 3, 4, and	7d)			0	-0-
Œ	11	Other rev	enue (Part VIII, colum	n (A), lines 5, 6	3d, 8c, 9c, 1	0c, and 11e)		61	729	90,803
	12	Total reve	enue-add lines 8 thro	ugh 11 (must e	qual Part VI	II, column (A),	line 12)	96	,043	149,650
	13		nd similar amounts pa						308	3359
	14	Benefits p	oaid to or for member	s (Part IX, colu	ımn (A), line	4)		•	20	-0-
ø	15	-	other compensation, er	•		•	s 5–10)		0	-0-
Expenses	16a		nal fundraising fees (F		-	• • •			0	~0-
ē	Ь		draising expenses (Pa			•				
Щ	17		penses (Part IX, colum	•				68	175	73,257
	18	-	enses. Add lines 13-1	• •	4		25)[[]		483	76,816
	19		less expenses. Subtra			TIFALI	VILU		560	12,834
- S								Beginning of C		End of Year
lanc	20	Total ass	ets (Part X, line 16)		 E2-60	OCT 11 2	2017 .		901	127,735
28 88	21		ilities (Part X, line 26)		. Ш			11	500	
Net Assets or Fund Balances	22		s or fund balances. S	ubtract line 21	from line 2	O COLLI	. F. B -C-	50		127,735
	art II	Signat	ure Block		3	TO DE IV	, Ui		·	
Un	der pena	ities of penui	y, I declare that I have exar	nined this return, ii	ncluding accor	npanying schedu	les and stat	ements, and to	the best of	my knowledge and belief, it is
tru	e, correc	t, and comple	ete. Declaration of preparer	(other than officer)	is based on a	l information of w	hich prepar	er has any knov	vledge.	
			Kun W	1. Tha	psu				10/2	1/2017
Sig	JΠ	Signa	ature of officer		-0				ate	7
He	re		KEITH M.	THOMPS	son, a	MARRIANC	N BOA	APD OF	TRUST	€₹Ş
		Туре	or print name and title							
Pa	id	Print/Typ	oe preparer's name	Prepar	er's signature		1	Date	Check	T # PTIN
	nu epare			1					self-em	
	epare e Oni		ame ►					Fir	m's EIN ▶	
-		y	dress ▶						one no.	
Ma	y the IF	RS discuss	this return with the p	reparer shown	above? (se	e instructions	s)			Yes No

Form **990** (2016)



) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses >

including grants of \$

(Expenses \$

Part	IV Checklist of Required Schedules			
	In the company that is provided in the SOM (NO) as 40.47(NM) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		V	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		人
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
		Form	990	(2016)

Part	V Checklist of Required Schedules (continued)			
	Deline and the second and the second at the		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			- 3
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		
27	-	36		 -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form **990** (2016)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	 -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		l
	reportable garning (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ر [
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			×
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	75	CL		}
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1		1
_	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·		-
	required to file Form 8282?	7c		X.
d	If "Yes," indicate the number of Forms 8282 filed during the year			'
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	{ }		
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	ion A	. Governing Body and Management			
		وست ا		Yes	No
1a		r the number of voting members of the governing body at the end of the tax year 1a	4		
		ere are material differences in voting rights among members of the governing body, or	1	ĺ	
		e governing body delegated broad authority to an executive committee or similar			1
_		mittee, explain in Schedule O.	1		
þ		r the number of voting members included in line 1a, above, who are independent . 1b	-]	
2		any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ	ļi
_	•	other officer, director, trustee, or key employee?	2	↓	メ
3	J			l	
_		ervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5		the organization become aware during the year of a significant diversion of the organization's assets?.	5	L	X
6		the organization have members or stockholders?	6	L	X
7a		the organization have members, stockholders, or other persons who had the power to elect or appoint	1	J.	\
		or more members of the governing body?	7a	X	↓
b		any governance decisions of the organization reserved to (or subject to approval by) members,		J.	1
_		kholders, or persons other than the governing body?	7b	×	<u> </u>
8		the organization contemporaneously document the meetings held or written actions undertaken during	}		
	-	rear by the following:			
a		governing body?	8a	X	<u> </u>
b		n committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	i		X
		organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u> </u>
Secti	on B	. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	, 	
				Yes	No
10a		the organization have local chapters, branches, or affiliates?	10a		X
b		es," did the organization have written policies and procedures governing the activities of such chapters,	[ļ	ţ
		ates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	Ļ.,
b		cribe in Schedule O the process, if any, used by the organization to review this Form 990.			ال ا
12a		the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	<u> </u>
C		the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l	}	
	desc	ribe in Schedule O how this was done	12c	<u> </u>	X
13		he organization have a written whistleblower policy?	13	X_	<u> </u>
14		he organization have a written document retention and destruction policy?	14		X
15		the process for determining compensation of the following persons include a review and approval by		l	j i
		pendent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]]
а	The	organization's CEO, Executive Director, or top management official	15a	L	NIA
b		er officers or key employees of the organization	15b	L	N/A
		es" to line 15a or 15b, describe the process in Schedule O (see instructions).		Į .	
16a		the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u> </u>
		a taxable entity during the year?	16a		X
b		es," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		nization's exempt status with respect to such arrangements?	16b		
Secti		. Disclosure			
17		the states with which a copy of this Form 990 is required to be filed ► A217			
18		ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	avail	able for public inspection. Indicate how you made these available. Check all that apply.			
		Own website Another's website Upon request Other (explain in Schedule O)			
19	Desc	cribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	finar	cial statements available to the public during the tax year.			
20	State	the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
		RICPLE THOMOSON 11603 E. VIA CANADA VIIMA AZ 85367 858-922-62			

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OID	990	(2016)	١

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
/ `	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Circuit da di Cotto i d'astocy				is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	KEITH THOMPSON TRUSTEE CHAIRMAN	10	X						-0-	-O-	<i>₽</i>
(2)	Day LiggETT TRUSTEE	20	X						-0-	-6-	-0-
(3)	MIKE GRAHAM TRUSTEE	10	人						-6-	-0-	~~
(4)	VEITH HACKE TRUSTEE	10	人						-0-	-0-	-0-
(5)	JUSTIN NEWSOME TRUSTEE	5	X			 			-0-	0	-0-
(6)	MARJORIE THOMPSON SECRETARY	40	X		X	,			D	0	-0-
(7)	PARRY SLUSS PAST W. PRESIDENT	10	X		X				-0-	Q.	-0
(8)	DALE STONE WORTHY PRESIDENT	ίο			X	, 1			~	0	Ø
(9)	EALPH ARNOLD WORTHY V. PRESIDENT	5			X	•			0	O	Ø
(10)	YVONNE BACHMAN TREASURER	10		,	X	;			0	٥	O
(11)	STAN NORRIS WORTHY CONDUCTOR	10			X			-	0	0	Ø
(12)	JAN NELSON WORTHY CHAPHN	5			X).		0	Ð	<u> </u>
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(14)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(C)										
	, (A)	(B)	(don	ot ch		ition more	e than o	one	(D)	(E)	(F)
	Name and title	Average hours per	box,	unles	s pe	rson	ıs bott	_{han} Reportable Repor			•
		week (list any		_		_	or/trust		compensation from	compensation related	other
		hours for	Individual trustee or director	Institutional trustee	Officer	[₹	결호	Form	the	organizatio	
		related organizations	200	tit	Ä	employee	oy es	夏	organization (W-2/1099-MISC)	(W-2/1099-M	IISC) from the organization
		below dotted	오늘	ňal	}	Š	° §	1) · · · · · · · ·	}	and related
		line)	\$\frac{1}{2}	trus	ĺ	#	l g	l	l	Į	organizations
			•	tee			Highest compensated employee		}	ļ	
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(25)											
1b	Sub-total						•	•	-0-	-0-	0
C	Total from continuation sheets to Part	VII, Section	n A					▶		-	
d	Total (add lines 1b and 1c)						_ -	•	-0-	-0-	-0
2	Total number of individuals (including but) w		ore than \$10	00,000 of
	reportable compensation from the organi	zation >									00,000 01
											Yes No
3	Did the organization list any former of	ficer, direct	tor, o	r tn	uste	æ,	key e	mp	loyee, or high	est compen	
	employee on line 1a? If "Yes," complete S										3 X
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other comp	ensation fro	om the
	organization and related organizations	greater tha	an \$1	50,0	000	? If	"Yes	s, "	complete Sch	edule J for	
	individual			-							· · 4 X
5	Did any person listed on line 1a receive o									ation or indi	
	for services rendered to the organization?	? If "Yes," c	omple	ete :	Sch	edu	le J fe	or s	uch person	<u> </u>	· · 5 X
	n B. Independent Contractors										
1	Complete this table for your five highest of	compensate	ed ind	lepe	ende	ent e	contra	acto	ors that receive	d more than	1 \$100,000 of
	compensation from the organization. Rep	ort comper	nsatio	n to	r th	e ca	alenda	ar y	ear ending with	h or within th	he organization's tax
	year.										
	(A) Name and business add	ness							(B) Description of se	enices	(C) Compensation
									- Description of se	er vices	
	NONE										
							 ∤				·
	Total number of independent contracto	re (includia	a hir	t no	1 1:	mit.	24 to	+la	nea listed at	wal who	
~	received more than \$100,000 of compensations									ive) who	
		~~~		~~· · · ·		J	- (				

Check if Schedule O contains a response or note to any line in this Part VIII.  Total members the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of th	Par	t VIII	Statement of Revenue	as a response or note	to any line in thi	o Dort VIII		П
Business Code    Business Code		-	Check if Schedule O contain			(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under sections
Business Code    Business Code	ats at	1a	Federated campaigns	1a - o-				
Business Code    Business Code	E 5	b	Membership dues	16 2234	1	İ		
Business Code    Business Code	8, £	С	Fundraising events	10 6024	3			
Business Code    Business Code	調	ď	Related organizations	1d -0-	7			
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Business Code    Business Code	oution ther Si	f		1 1 22 4-1	•			
Business Code    Business Code	ΞΞ	a	Noncash contributions included in lines			{		
Business Code    Business Code	a S	1 .			58.847	. 1		1
3   Investment income (including dividends, interest, and other similar amounts)   -0000000					1010			
3   Investment income (including dividends, interest, and other similar amounts)   -0000000	Ĕ	2a						-
3   Investment income (including dividends, interest, and other similar amounts)   -0000000	죭	1 .			<del> </del>	<del>   </del>		<del></del>
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3   Investment income (including dividends, interest, and other similar amounts)   -0000000	<u>2</u>	I .			<del> </del>	<del> </del>		<del> </del>
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3   Investment income (including dividends, interest, and other similar amounts)   -0000000	)Tar		All other program conice reve		<del> </del>	<del> </del>		<del></del>
3   Investment income (including dividends, interest, and other similar amounts)   -0000000	Š	'.	. •		<del> </del>	<del> </del>		
and other similar amounts)  4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties  6 Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not uncluding \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities See Returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold c Net income or (loss) from sales of inventory. less a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less a less cost of goods sold c Net income or (loss) from sales of inventory. less a less cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less a less cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less a less cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. less a less cost						<u> </u>		<del></del>
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b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventiny b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  6 Net gain or (loss)  7 Net gain or (loss)  7 Net gain or (loss)  8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 Less: direct expenses  9 Net income or (loss) from fundraising events. See Part IV, line 19  9 Less: direct expenses  1 D Less: direct expenses  1 D Less: direct expenses  1 D Less: direct expenses  1 D Less: direct expenses  2 D Less: other or (loss) from gaming activities. See Part IV, line 19  3 D Less: cost of goods sold  4 D Less: cost of goods sold  5 D Less: cost of goods sold  6 D Less: cost of goods sold  7 D Less: cost of goods sold  8 D Less: cost of goods sold  9 D Less: cost of goods sold  10 A Less: cost of goods sold  11 D Less: cost of goods sold  12 D Less: cost of goods sold  13 D Less: cost of goods sold  14 D Less: cost of goods sold  15 D Less: cost of goods sold  16 D Less: cost of goods sold  17 D Less: cost of goods sold  18 D Less: cost of goods sold  19 D Less: cost of goods sold  10 D Less: cost of goods sold  11 D Less: cost of goods sold  12 D Less: cost of goods sold  13 D Less: cost of goods sold  14 D Less: cost of goods sold  15 D Less: cost of goods sold  16 D Less: cost of goods sold  17 D Less: cost of goods sold  18 D Less: cost of goods sold  19 D Less: cost of goods sold  10 D Less: cost of goods sold  10 D Less: cost of goods sold  11 D Less: cost of goods sold  12 D Less: cost of goods sold  14 D Less: cost of goods sold  17 D Less: cost of goods sold  18 D Less: cost of goods sold  19 D Less: cost of goods sold  10 D Less: cost of goods sold  10 D Less: cost of goods sold  10 D Less: cost of goods sold  11 D Less: cost of goods sold  12 D Less: cost of goods sold  13 D Less: cost of goods sold  14 D Less: cost of goods sold  15 D Less: cost of goods sold  16 D Less: co		-	<u> </u>	Cai (ii) F CISOIIai	}			
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assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss)			<u></u>		-0-	-0-	<u>-o-</u>	-0-
and sales expenses .  c Gain or (loss) . d Net gain or (loss) . d Net gain or (loss) .  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		7a	-1000 -1110-1111 11-1111 11-1111	unties (ii) Other	1			
d Net gain or (loss)		b	· · · · · · · · · · · · · · · · · · ·					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss)		7	i i		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		d	Net gain or (loss)	· · · · · ·	-0-	-0-	~O-	-0-
c Net income or (loss) from fundraising events   Gross income from gaming activities. See Part IV, line 19   Less: direct expenses	_	8a	events (not including \$					
c Net income or (loss) from fundraising events   Gross income from gaming activities. See Part IV, line 19   Less: direct expenses	ther	h	•	~ <u></u>	-	}		
9a Gross income from gaming activities. See Part IV, line 19	0		-		-0-	1		
c Net income or (loss) from gaming activities .			Gross income from gaming ac	tivities.				
c Net income or (loss) from gaming activities .	'	Ь	Less: direct expenses	. b	7	] ]		
10a Gross sales of inventory, less returns and allowances a 184,697  b Less: cost of goods sold b 93,894 c Net income or (loss) from sales of inventory . > 90803 90803 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0					-0-	-0	-0-	-0-
b Less: cost of goods sold b 93,894 c Net income or (loss) from sales of inventory . ▶ 90803 90803 - ○ ○  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a-11d ▶ -○  12 Total revenue. See instructions ▶ 149,650 149,650 - ○ ○		10a						
c Net income or (loss) from sales of inventory . ▶ 90803 90803 - ○       Possion of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t		h		——————————————————————————————————————	╡	j l		
Miscellaneous Revenue Business Code  11a b c d All other revenue  Total. Add lines 11a–11d  12 Total revenue. See instructions. ► 149,650 149,650 —0—					ananz	ananz	-02-	1-2
11a b c d All other revenue e Total. Add lines 11a–11d		<b>-</b> -		<del></del>	10003	10000		<del> </del>
b		112						
c       d       All other revenue          e       Total. Add lines 11a-11d		1 .			<del> </del>	<del>                                     </del>		+
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e Total. Add lines 11a-11d		1 .	All other revenue	<del> </del>	<del> </del>	<del> </del>		+
12 Total revenue. See instructions ▶ 149,650 149,650 -0-				· L	-0-	<del> </del>		+
		_				140 650		<del> </del>
				10	117 1,000	1,090		Form <b>990</b> (2016)

Par	Form 990 (2016)  Part IX Statement of Functional Expenses								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX									
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3559	ехрепоса	general expenses	ехренова				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-0-	<del></del>	·					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-0							
4 5	Benefits paid to or for members Compensation of current officers, directors,	-0-							
	trustees, and key employees	-0-	<del></del>						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	· ·						
7	Other salaries and wages	~	······						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-0-							
9	Other employee benefits	-0							
10	Payroll taxes	-0							
11	Fees for services (non-employees):								
a	Management	-0-		· · · · · · · · · · · · · · · · · · ·					
b	Legal	-0			<u> </u>				
C	Accounting	-0-							
đ	Lobbying	-0	·						
e	Professional fundraising services. See Part IV, line 17	-0-							
f	Investment management fees	-0-			<del></del>				
9	(A) amount, list line 11g expenses on Schedule O.)	-0-		· · · · · · · · · · · · · · · · · · ·					
12	Advertising and promotion	238		·					
13	Office expenses	7085							
14	Information technology	-0-		· · · · · · · · · · · · · · · · · · ·					
15	Royalties	-0-							
16	Occupancy	39,238							
17 18	Payments of travel or entertainment expenses	1975	<del></del>						
10	for any federal, state, or local public officials	-0-							
19	Conferences, conventions, and meetings .	406			<del></del>				
20	Interest	-0-							
21	Payments to affiliates	7464							
22	Depreciation, depletion, and amortization .	-0-							
23	Insurance	6494			<del></del>				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column		Ì						
	(A) amount, list line 24e expenses on Schedule O.)		j						
а	SALES TAX (TPT)	9813			<del></del>				
b	PROPERTY TAX	234							
c	LIQUOR LICENSE	220							
d		-0-							
е	All other expenses	-0-							
_25_	Total functional expenses. Add lines 1 through 24e	76,816							
<b>26</b>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)								

P	'art X	Balance Sheet					
		Check if Schedule O contains a response of	rnote	to any line in this Par	nt X		
					(A) Beginning of year		(B) End of year
_	1	Cash-non-interest-bearing		· · · · · · ·	54,901	1	48,910
	2	Savings and temporary cash investments			-0-	2	-0
	3	Pledges and grants receivable, net			.0-	3	4
	4	Accounts receivable, net		r	-0-	4	4
	5	Loans and other receivables from current and trustees, key employees, and highest co					
	İ	Complete Part II of Schedule L		Į.	-0-	5	<u> </u>
<b>10</b>	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd cont ntary e	ributing employers and mployees' beneficiary	-0-	6	<b>O</b>
Assets	7	Notes and loans receivable, net		L	· <i>O</i> ·	7	\$
Asi	8	Inventories for sale or use		<b>F</b>	- <u>-</u>	8	0
•	9	Prepaid expenses and deferred charges		• • • • • • •	- <del>-</del>	9	<del>2</del>
	10a	Land, buildings, and equipment: cost or	ı: · · ı			+	<u> </u>
		other basis. Complete Part VI of Schedule D	10a	28,825			
	ь	Less: accumulated depreciation	10b	-0-	1/2 200	100	10001
	11				16,000	10c	28,825
	12	Investments—publicly traded securities  Investments—other securities. See Part IV, line		• • • • • • •	-0-	11	-O-
	13	Investments—program-related. See Part IV, line			<u>-o-</u>	12	-0-
	14				<u>-0</u>	13	<i>-</i> ≎-
		Intangible assets	- <del>0</del> -	14	<b>\darphi</b>		
	15	Other assets. See Part IV, line 11				15	·O
_	16	Total assets. Add lines 1 through 15 (must equa			70,901	16	127,735
	17	Accounts payable and accrued expenses	<u> </u>	17	<u> </u>		
	18	Grants payable	<u> </u>	18	0		
	19	Deferred revenue	<u>~~</u>	19	<del>0</del> -		
	20	Tax-exempt bond liabilities	<u>~~</u>	20	<u>-</u> \$-		
	21	Escrow or custodial account liability. Complete I	<u>-</u> 0-	21	<b>♦</b>		
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
iab		disqualified persons. Complete Part II of Schedu			-0-	22	-0-
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	<u>-0-</u>	23	<i>◆</i>
	24	Unsecured notes and loans payable to unrelated		· "	11,500	24	<u>〜</u>
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	-0-	25	-0-		
	26	Total liabilities. Add lines 17 through 25	<u> </u>	<u> </u>	11,500	26	-0-
ces		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	), ched d 34.	ck here ▶ 🔲 and			
lar	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
Net Assets or Fund Balances	29	Permanently restricted net assets	 58), che	ck here ▶ 💢 and		29	
7		complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds			54,901	30	98,910
98	31	Paid-in or capital surplus, or land, building, or ed			4.500	31	18,825
Ą	32	Retained earnings, endowment, accumulated inc	come,	or other funds .	-0-	32	-0-
Zet	33	Total net assets or fund balances			59,401	33	127,735
_	34	Total liabilities and net assets/fund balances .	70,901	34	127,735		
					·		Form <b>990</b> (2016)

-		•
Page	1	4

					===
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	· · ·	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	149	65	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	810	6_
3	Revenue less expenses. Subtract line 2 from line 1	3	72	82	4
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	90	1
5	Net unrealized gains (losses) on investments	5		<del>-0-</del>	
6	Donated services and use of facilities	6		-0-	
7	Investment expenses ,	7		9	
8	Prior period adjustments	8		<b>O</b> -	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10	121	,73	<u> </u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Corual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	·		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				$\mathbf{X}_{-}$
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	'		ĺ
	reviewed on a separate basis, consolidated basis, or both:			l	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>X</b> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	·		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	ווי		}
	Schedule O.		_  _		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		1	
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1 1	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Form	n <b>990</b>	(2016)

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20**16** 

Open to Public Inspection

Name of the organization Employer identification number FRATERNAL ORDER OF EAGLES 4538 45-4624782 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . . Total acreage restricted by conservation easements . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X .

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures	or Ot	her Similar A	ssets (co	ontinu	ıed)
3	Using the organization's acquisition, a collection items (check all that apply):									
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research			☐ Othe						
C	Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections a	and expla	ain how t	they further	the org	anization's exe	mpt purp	ose in	Part
5	During the year, did the organization s	solicit or receive	donation	s of art,	historical tr	reasure	s, or other simi	iar		
	assets to be sold to raise funds rather t	than to be mainta	uned as p	part of th	e organızati	on's co	illection?	□ Y	es [	No
Par	t IV Escrow and Custodial Arrai	ngements.		·	· · · · · ·		<del></del>			
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on For	m 990,	Part IV, line	e 9, or	reported an a	mount o	า Fon	m
	ls the organization an agent, trustee,	custodian or oth	or interm	adian/ f	or contribut	ione or	other accets r			
10	included on Form 990, Part X?							_	F	7 N.
h	If "Yes," explain the arrangement in Pa							LIT	es 🗀	] NO
b	ii res, explain the arrangement in ra	n Am and comple	ste tile io	nowing t	able.	Γ		Amount		
c	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e	<del></del>	<del></del>		
f	Ending balance					1f				
2a	Did the organization include an amount		 art X line	21 for e	ecrow or ci			v2 🗆 🔻	<u> </u>	7 No
	If "Yes," explain the arrangement in Pai									] ]
	t V Endowment Funds.		3 13.0 07	·piariatio	ii iido booii	provide	ou ou rait vair .			
	Complete if the organization a	answered "Yes"	on For	m 990. I	Part IV. line	e 10.				
		(a) Current year	(b) Pro		(c) Two year		(d) Three years bad	k (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	<del></del>			<del> </del>			<del></del> -		
e	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·			<del> </del>	<del></del>				
	programs				1	)		1		
f	Administrative expenses							+		
g	End of year balance	····			1					
2	Provide the estimated percentage of the	e current vear en	d balanc	e (line 1c	ı. column (a	)) held a				
а	Board designated or quasi-endowment		%	- (	,,	,,				
b	Permanent endowment ▶	%	· <del>-</del> `							
С	Temporarily restricted endowment ▶	· %								
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.							
3a	Are there endowment funds not in the	possession of the	e organiz	zation the	at are held a	and ad	ministered for t	he		
	organization by:								Yes	No
	(i) unrelated organizations						. <b></b> .	3a(i)		
	(ii) related organizations						. <b></b> .	3a(ii)		
b	If "Yes" on line 3a(ii), are the related org						. <b></b> .	3b		
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment f	unds.					
Pari			_							
	Complete if the organization a	answered "Yes"	on Forr	n 990, f	Part IV, line	11a.	See Form 990	, Part X,	line 1	0
	Description of property	(a) Cost or oth (investme		• •	or other basis other)		Accumulated epreciation	(d) Boo	k value	•
1a	Land						<del></del>			
b	Buildings	16,0	00				0	16,0	000	
С	Leasehold improvements	66					0		25	
d	Equipment		00				ŏ		.00	
e	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99	0, Part X	, columr	(B), line 10	c.)		18.	821	5

Part VII	Investments - Other Securities				
	Complete if the organization ansi			line 11b. See Form	n 990, Part X, line 12.
	<ul> <li>(a) Description of security or category</li> <li>(including name of security)</li> </ul>	,	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)			<u></u>		
(E)					
(F) (G)			<del></del>		
(H)			<del></del>		
	h) must equal Form 000 Part V col (R) inc 13 \				<del></del>
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related	4		<u> </u>	
r art viii	Complete if the organization ans		m 990 Part IV	line 11c. See Form	990 Part X line 13.
	(a) Description of investment	100 011 0	(b) Book value		thod of valuation
	(L) 2000 Page 1		(b) book value		1-of-year market value
<u>(1)</u>					
(2)		***************************************			
(3)					·
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13.)	<del> </del>			
Part IX	Other Assets.		000 D+ IV	Paradal Oca Fara	- 000 D-4 V E 45
	Complete if the organization ans	a) Description	m 990, Part IV,	line 11a. See Forn	(b) Book value
-/4)	16	n Description			(b) book value
<u>(1)</u> (2)				····	
(3)					
(4)			·		<del> </del>
(5)			<del></del>		<del> </del>
(6)					<del>                                     </del>
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>		
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
	line 25.			· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value			
(1) Federal in	icome taxes				
(2)					
(3)					!
(5)					
(6)					
(7)					
(8)		<u> </u>			
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organizat	tion's financial stateme	ents that reports the
	s liability for uncertain tax positions under				

Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		er Return.
	Total revenue, gains, and other support per audited financial statements		
1	• • • • • • • • • • • • • • • • • • • •		·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	
a	Net unrealized gains (losses) on investments	2a   2b	
b			
C	Recoveries of prior year grants	2c   2d	<del> </del>
d	Other (Describe in Part XIII.)	<del></del>	
е 3	Add lines 2a through 2d		2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · ·	.   3
-	Investment expenses not included on Form 990, Part VIII, line 7b	40	
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part		:	
ı aı t	Complete if the organization answered "Yes" on Form 990,		per neturn.
1		<del></del>	. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	i
` b	Prior year adjustments	2b	
С	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	. 5
Part	XIII Supplemental Information.	<del></del>	
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		ai information.
	***************************************		
			***************************************

ichedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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		***************************************
	······································	
		***************************************
	***************************************	
		***************************************

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047
2017

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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FRATERNAL ORDER OF EAGLES #45	38 45-4624782					
PART IV, LINE 38, YES, HEREIN BELOW:						
· PART VI, LINE 7a: SHOULD AN ELECTED TRUSTEE RESIGN OF BECOME						
	THEIR DUTIES, THE PRESIDENT					
CAN APPOINT ONE.						
LINE 76: A NOTE BY THE MEM	LERSHIP CAN OVERRIDE A					
•	PE SPECIFIC INSTRUCTIONS					
TO THE BOARD OF	Trustees					
LINE 116: AT THE WEEKLY TR	USTEES MEETING THE 990					
_	DISCUSSED PRIOR TO					
	TRUSTEE GIVEN A COPY FOR					
	FINALIZING, GIVEN AN					
	ESTION AND DISCUSS OVER					
A 3-WEEK PERIOD PRIOR TO SIGNING AND						
FORWARDING TO	185					
•	LDS AND ANNUAL FILINGS					
ARE SECURED ON-	SITE AND AVAILABLE					
UPON REQUEST	***************************************					
	***************************************					
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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